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Bib Data Sheet

CONFIRMATION NO. 3486

|   |   |                             |   |  |
|---|---|-----------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/991,563  | <b>FILING DATE</b><br>11/20/2001<br><b>RULE</b>   | <b>CLASS</b><br>707         | <b>GROUP ART UNIT</b><br>2171   | <b>ATTORNEY DOCKET NO.</b><br>1028-009US01 |
| <b>APPLICANTS</b><br>Stephen R. Bacso, Kitchener, CANADA;<br>Rene J. Juneau, Thornhill, CANADA;<br>Sanjeev Shankar, Waterloo, CANADA;<br>Bruce D. Scanlan, Waterloo, CANADA;<br><i>1st section claimed pending app. 09/689449 as priority 10/13/00 (not on oath)</i>  |   |                             |   |  |
| <b>** CONTINUING DATA *****</b> <i>none</i>   |   |                             |   |  |
| <b>** FOREIGN APPLICATIONS *****</b> <i>yes</i><br>CANADA 2,326,368 11/20/2000  |   |                             |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 12/03/2001   |   |                             |   |  |
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Verified and Acknowledged<br>Examiner's Signature <i>Allen Jan</i> Initials <i>AK</i> | <b>STATE OR COUNTRY</b><br>CANADA   | <b>SHEETS DRAWING</b><br>11 | <b>TOTAL CLAIMS</b><br>18   | <b>INDEPENDENT CLAIMS</b><br>6             |
| <b>ADDRESS</b><br>28863   |   |                             |   |  |
| <b>TITLE</b><br>Method and system for dataflow management in a communications network   |   |                             |   |  |
| <b>FILING FEE RECEIVED</b><br>561   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                             | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |